



**AMHERST INSPECTION SERVICES**  
**4 BOLTWOOD AVENUE • AMHERST • MA • 01002**  
**Main Office (413) 259-3030 Fax (413) 259-2402**  
[www.amherstma.gov](http://www.amherstma.gov)

**BODY ART TECHNICIAN LICENSE APPLICATION**

- ☐ **Tattoo Technician Annual Fee- \$ 250.00**  
☐ **Piercing Technician Annual Fee- \$ 200.00**  
☐ **Tattoo And Piercing Technician License Annual Fee- \$350.00**

\_\_\_ **New**    \_\_\_ **Renewal (Due: December 1)**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Business where currently employed: \_\_\_\_\_ Phone \_\_\_\_\_

Business Address where employed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever had a license from another state? If yes, where \_\_\_\_\_

Have you ever had a license that was suspended or revoked? \_\_\_ No \_\_\_ Yes (if yes, please explain) \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION:**

- ☐ Driver's License, Passport or other photographic proof of identity and age.
- ☐ High School Diploma or its equivalent.
- ☐ Evidence of course completion in Preventing Disease Transmission  
(American Red Cross, or Association of Professional Body Piercers, or its equivalent.)
- ☐ Current certification (within last 2 years) in First Aid and CPR. (American Red Cross  
or its equivalent.)
- ☐ Proof of completion of a course in Skin Diseases, Disorders and Conditions  
(American Red Cross or equivalent.)

**TATTOO APPLICANTS MUST ALSO ATTACH TO APPLICATION:**

- ☐ Proof of one year licensing as a tattooist, or three (3) years apprenticeship training under a qualified tattooist from another state or municipality.

**PIERCING APPLICANTS MUST ALSO ATTACH TO APPLICATION:**

- ☐ Proof of eligibility for membership as a Professional Business Member or Professional Member at Large by the Association of Professional Piercers.
- ☐ Proof of one (1) year of licensing in another municipality or state, or one (1) year apprenticeship training as a piercer for example this could be a notarized statement, newspaper article and / or a business document
- ☐ Complete the Piercing Technician Questionnaire (see page to follow)
- ☐ Amherst Health Safety Agreement (see page to follow)

**STATEMENT:** Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law; and that the statements made in this application are true. I agree to abide by the state laws and regulations, as well as the Town of Amherst Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Make Check Payable to: Town of Amherst**

**Return to: Amherst Inspection Services  
Attn: License Application  
Town Hall 2<sup>nd</sup> Floor  
4 Boltwood Avenue  
Amherst, MA 01002**

**Please Note the Following Renewal Application Late Fees Will be Enforced  
First 30 Days Overdue \$50.00.....60 Days & Each Month Thereafter \$100.**